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ABSTRACT

This report describes a pilot study to determine the needs of formerly homeless families in New York City and to help them make the transition from welfare hotels and shelters into new homes and to become stable and permanent residents of their communities. Three New York social services agencies assigned one or two caseworkers to nine homeless families for 6 weeks. The following service delivery approaches were based on a family-centered philosophy: (1) intervention was limited in time and flexible; (2) it took place in the family's home; (3) it was based on the expectation that family members can reach the goal of sustaining themselves; (4) children were seen in the context of their families; (5) families were seen in the context of their communities; (6) services were coordinated and accessible; and (7) caseworkers had small caseloads. The following recommendations are made: (1) formerly homeless families need intensive case management services; (2) training resources must be developed and made available to caseworkers who implement the intensive case management model; (3) New York City should take the initiative in forming a joint public/private planning group to expand and coordinate community services for formerly homeless families; and (4) all service systems that impinge on the lives of formerly homeless families should cooperatively promote the successful transition to permanent housing. Detailed case studies of four of the families are included. Brief summaries of the case studies of five of the families are appended. (FMW)

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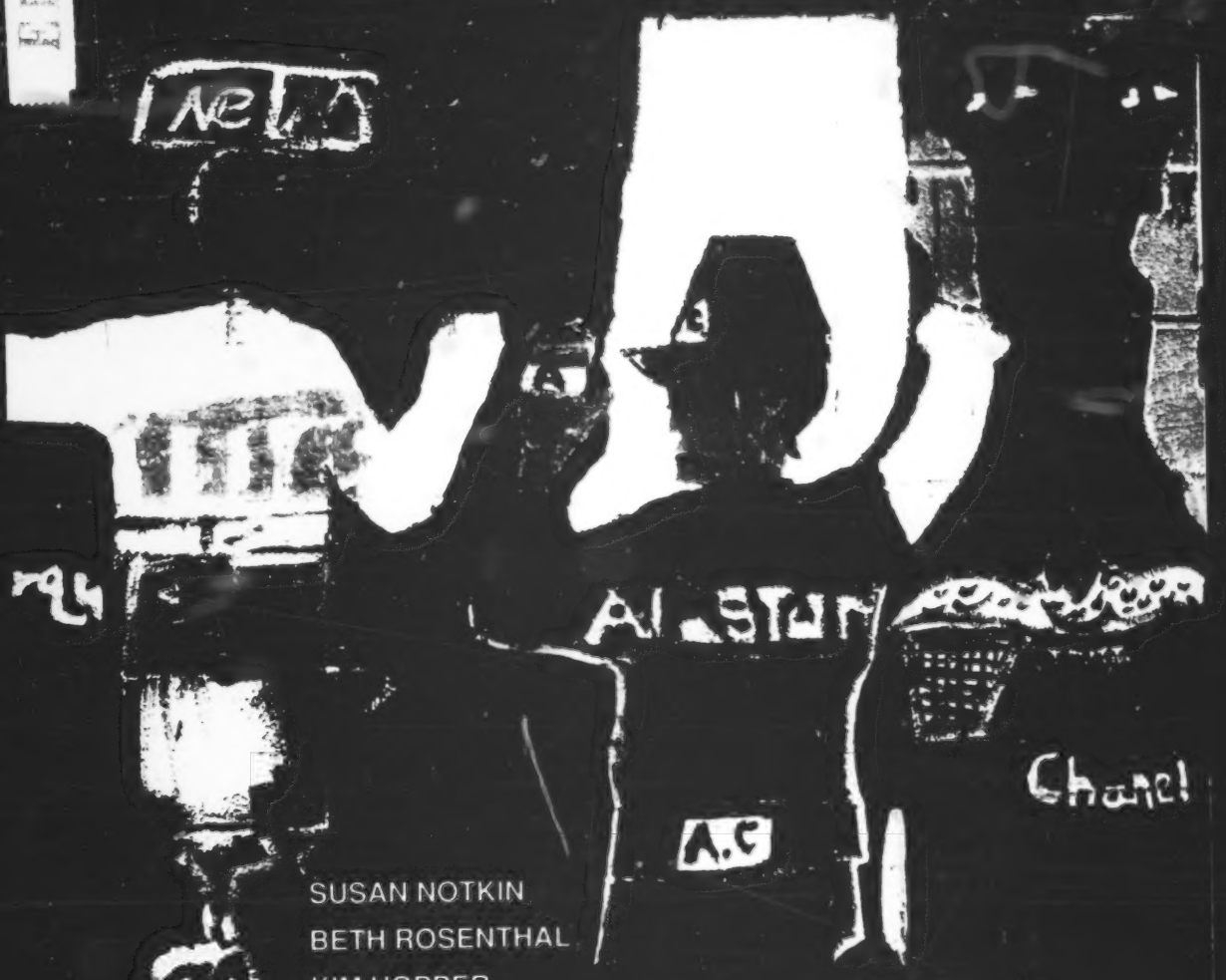
FAMILIES ON THE MOVE

BREAKING THE CYCLE OF HOMELESSNESS



SUSAN NOTKIN
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FAMILIES ON THE MOVE

BREAKING THE CYCLE OF HOMELESSNESS

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CREDITS

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Mural photographs are of *Calle de Sueños* which is located at 125th Street and Lexington Avenue in New York City. This 'Street of Dreams' was designed and painted by children from the Creative Arts Workshop for Homeless Children, a non-profit organization that helps homeless children discover their creative abilities and improve their literary skills through visual and performing arts workshops. For more information, contact Brookie Maxwell, c/o Sheltering Arms Children's Services, 122 East 29th Street, New York, NY 10011; (212) 779-3172.

The portraits that appear in this book were taken by sixth grade students at P.S. 85 in the South Bronx. As part of an assignment through the District 10 Office of Community Involvement, instructor Robert Kane invited his students to capture images of their neighborhood on film. The people photographed here are not associated with the families or organizations described in the case studies.

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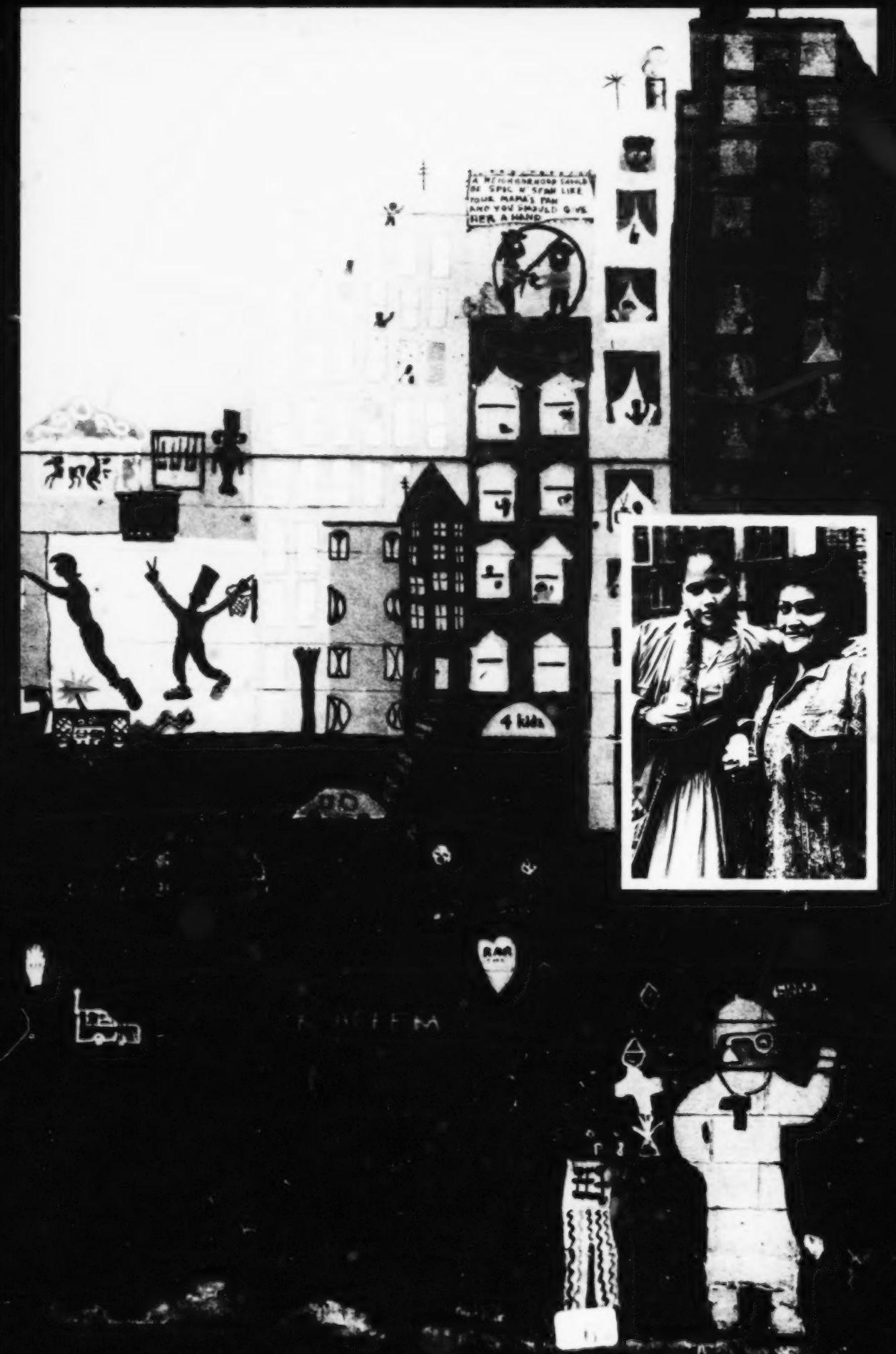
* All names have been changed.


A NEIGHBORHOOD SHOULD BE SPOIL N SPAM LIKE YOUR MAMA'S PAN AND YOU SHOULD GIVE HER A HAND
4 kids

ACKNOWLEDGMENTS

Kim Hopper supervised the field research that forms the core of this report. Beth Rosenthal conducted the ethnographic research and drafted the case studies. Susan Notkin authored the rest of the report.

We want to thank the families that agreed to participate in this project. Their willingness to get involved in a new social service program and to share their stories and experiences so generously helped us to better understand the obstacles they face and the strength and determination they have to keep their families together. We hope that the refined model of intensive case management services reflects their many useful suggestions and insights as to what can best help families in circumstances similar to their own.

We are also grateful to the three agencies that were willing to take a risk — Citizens Advice Bureau, Henry Street Settlement, and the Puerto Rican Family Institute. Their staff deserve applause for their work in this effort and for their desire to help determine the best ways to serve families. The feedback from case managers and supervisors was very valuable. Thanks specifically to Sonia Acobe-Morales, Generia Armstrong, Frances Drayton, Patricia Drayton, Milagros Guzman, Verona Jeter, Daniel Kronenfeld, Yvette Martinez, Theater Mitchell, Bethzaida Nieves, and Yvette Rivera.

Consultant Sarah Greenblatt's work with the three agencies got the project up and running. Now at the Center for the Study of Family Policy, she continues to spearhead the Foundation's initiative to implement innovative services for families with her usual enthusiasm and high standards. Thanks also go to sociologist David Tobis at the Center for his help in the development of the intensive case management model. And thanks to Judy Simmons, whose editing helped turn many voices into one.

At the Foundation, we want to thank Francie Zimmerman for her critical eye and her support on all phases of this project. We also wish to thank Joanne Edgar, Director of Communications, for her fine writing and editing and her patience and good counsel throughout the reviewing process. And thanks to Linda Karten, communications associate, for assisting with editing and acquiring the artwork. Finally, to Laura Schwingel, thanks for deciphering our handwriting and turning numerous drafts, notes, additions, inserts, and comments into one readable manuscript.

Inset photo: Manuel Soriano,
Grade 6, P.S. 85

INTRODUCTION

For a large number of families in America, there is no such place as home. These are the nation's newest and fastest growing homeless, mainly young families, living in poverty, with young children. Three out of four of them are headed by single parents, mostly women. Statistics for such a changing population are difficult to document, but there are approximately 100,000 children in this country without a permanent home, not counting runaways. In New York City alone, on a given day in May 1990, more than 3,545 families, with some 6,400 children, received emergency shelter.

The conditions these families endure while homeless are well attested, and experts agree that an adequate supply of affordable housing is necessary to any solution. New York City has undertaken the most ambitious municipal initiative in the country to develop affordable housing for homeless, moderate- and low-income families. Under way since 1986, the City's $5.1 billion housing plan involves renovation of hundreds of abandoned buildings and rehabilitation of thousands of apartments. Early in 1988, in an attempt to retain $70 million a year in federal funds, the City announced its intention to eliminate the use of welfare hotels for homeless families by July 1990. Through this program, 2,500 to 4,000 units a year are being allocated for these families.

New York City is to be commended for its efforts to date. At the same time, the City must now proceed on three broad fronts in order to reinforce its investment. First, it must stem the influx of *new* homeless families into the shelter system by preserving existing housing and employing an array of homelessness prevention programs. Second, it should speed up production of housing units to ensure that families entering the system are accommodated either in transitional housing (used only as a provisional stopgap) or, ideally, in permanent housing. Third, which brings us to the subject of this study, it must address the crucial question of what happens to the families once they get an apartment. The vast majority of the units that have been rehabilitated are in New York's poorest communities, neighborhoods already beset by a host of social problems. Schools are overcrowded; child care is limited; medical services are inadequate; drugs and violence are rampant. It is little wonder that some newly settled families soon become homeless again. In fact, about one-third of New York City families requesting emergency shelter on a given night have been homeless before, according to a New York University study.

In 1988, the Edna McConnell Clark Foundation established a grantmaking program aimed at stopping this cycle of homelessness. The goal is for families to make a positive transition from welfare hotels and shelters into their new homes and to become stable and permanent residents of their communities. What supports and services do they

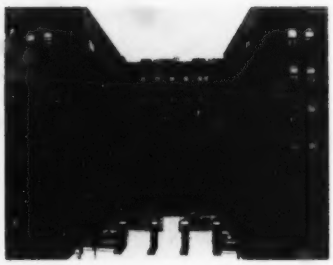
Before renovation . . .

need? And what do the communities need to absorb such an influx of formerly homeless families? This report attempts to grapple with those questions and to highlight the implications for public policy toward homeless families.

FOCUS ON TRANSITION

After three months of homelessness, families in New York City are eligible to obtain apartmentsowned by the City; after six months, they are eligible for public housing or apartments run by nonprofit organizations. There is an interlocking network of City agencies involved with these families, ranging from the Human Resources Administration (HRA) to Housing Preservation and Development (HPD) to the New York City Housing Authority (NYCHA). In addition, there are numerous subagencies that administer such federal, state, and local entitlement programs as public assistance, Social Security, Medicaid, food stamps, and child care.

For homeless families, the period immediately following a move into permanent housing is an opportunity for growth and change. Some families merely need adequate housing. But for others becoming self-sufficient takes more than "bricks and mortar"—these are families with serious health troubles, for example, or who have children in foster care. Some families have never lived on their own at all. Without individualized assistance, these families are at risk of future instability and possibly repeat homelessness.



. . . and after.

In the summer of 1989, the Clark Foundation funded three New York City social service agencies—Henry Street Settlement, the Citizens' Advice Bureau, and the Puerto Rican Family Institute—to help us determine which services vulnerable families need and how best to deliver them. Working with nine families, chosen because housing alone was clearly not enough to stabilize their lives, the agencies assigned one or two caseworkers to each family for six weeks.

Although the specific approach was experimental, it was based on a family-centered philosophy of service delivery. The intervention is limited in time, flexible, takes place in the family's home, and is based on the expectation that family members can reach the goal of sustaining themselves. Children are seen in the context of their families, the families in the context of their communities. Services are coordinated and accessible, and caseworkers have small enough caseloads to work intensively with each family. Much of this approach is adapted from family preservation services, which help families in crisis prevent unnecessary placement of children in foster care.

Working within this philosophy, caseworkers looked carefully at the life circumstances of each of the nine families, assessed their immediate transitional needs, and tried to address such issues as

securing the proper transfer of welfare entitlements and purchasing appropriate furnishings, as well as evaluating personal and intrafamily dynamics. The families themselves were to set their own goals for the intervention. Caseworkers, who worked with no more than three families at a time, also helped make connections to organizations within the communities such as churches, child care programs, and health clinics.

The overall purpose of the pilot study was to help the Clark Foundation better understand families vulnerable to repeat homelessness and to find a method of interrupting the cycle. What are the most pressing needs of formerly homeless families? How long should a transitional service be? What types of services should be included? What kind of training is necessary for caseworkers? What policies and practices should the City implement?

An ethnographer documented in detail the work of the nine families and their caseworkers and charted their progress over a six-week period. Four of these case studies are summarized in the following chapter, the stories of the Peralta, Johnson, Montenegro, and Romero families. The other five are more briefly described in the Appendix. Each family agreed to participate in the pilot; their names, and those of their caseworkers, have been changed to protect their privacy.

THE CHALLENGE FOR NEW YORK CITY

New York City, because of the sheer numbers of its homeless families, is at the national forefront in trying to handle their problems. With the election of Mayor David Dinkins and the appointment of a new administration, there is a renewed determination to address the issue. A few case studies cannot lead us to statistical conclusions, but these families and their caseworkers have shown us both the strengths and the vulnerabilities that must be taken into account when developing policy and services.

Informed by the testimony of the nine families, as well as by research and consultation with experts in the field, we conclude this book with a series of specific recommendations for policy reform and for a model of intensive case management to serve families at risk of repeated homelessness. We have also made two-year grants to four agencies to deliver intensive case management services to resettled families.* Our recommendations will be further refined by the work of those four agencies, but we believe it is essential to advance the discussion at this stage because of the large numbers of homeless families moving to permanent housing by the summer-of 1990.

* The four agencies are: Harlem Dowling-Westside Center for Children and Family Services; Henry Street Settlement; Rheedlen Foundation; Visiting Nurse Service.

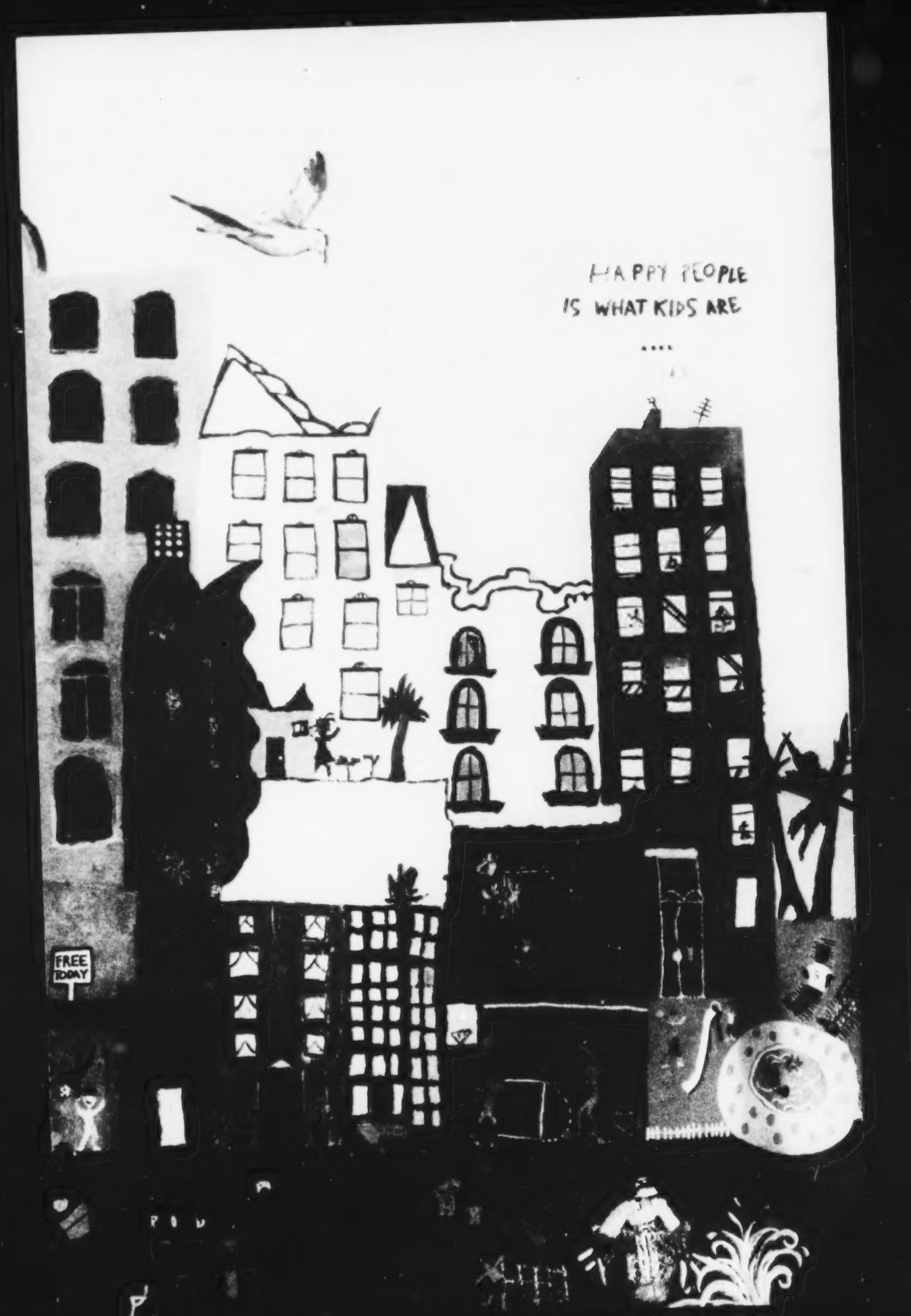
THE CLARK FOUNDATION'S PROGRAM FOR HOMELESS FAMILIES

The newest of the Foundation's five grantmaking initiatives, the Program for Homeless Families was begun in 1988 and concentrates its funding in the two communities where approximately 70 percent of New York City's formerly homeless families are being resettled: Central Harlem and the South Bronx.

The Foundation funds a variety of activities and organizations, including neighborhood associations, self-help groups, settlement houses, and tenant organizations. We give grants to groups that advocate for individual homeless families as well as for systemic change. We also support the implementation of several innovative service models, one of which—intensive case management—is based on the results of the pilot study included in this report. Other service models among our grantees include family support efforts and education programs aimed at enlisting parents as advocates and teachers of their children.

To avoid the pitfall of further segregating and stigmatizing families through the creation of a separate system for formerly homeless families, most of the programs we support serve a mix of newly relocated residents and neighbors who may never have been homeless. We hope that the research and organizations we fund will inform New York City policy as officials search for a solution to the problem of homelessness among families.

However difficult their circumstances, the families we studied and their many counterparts in New York City are not part of an irredeemable "underclass," as some commentators would have us believe. Despite their serious and ongoing problems, they want very much to stay together in stable and safe homes, and they are often optimistic about the future. The father in one of the families whose story is told here illustrates this hopeful spirit. "Living here is little, but it's a lot," he said of his too-small apartment. "Little because we are so many, and a lot because we have so little."


HAPPY PEOPLE
IS WHAT KIDS ARE
....
FREE
TODAY

1. FOUR FAMILIES*

THE PERALTA FAMILY

Pedro and Carmen Peralta and their four young children came to the Bronx from Puerto Rico in May 1987, when Pedro was offered a job as a superintendent in a building on the Grand Concourse; a meagerly furnished apartment and a little food were included. The building's owner, however, hadn't counted on Pedro bringing his family, and the job fell through. The Peraltas stayed briefly with Pedro's brother, but when that didn't work out they began a two-year stay in the City's shelter system. Being shuffled from Brooklyn to Queens to Manhattan, they lived in various emergency shelters and hotels, scarcely leaving their room in some of them for fear of losing the few belongings they had. They eventually found a three-bedroom apartment in the South Bronx in the summer of 1989. The Puerto Rican Family Institute, a mental health and family service center in Manhattan, got to know the family while they were still homeless and worked with them after they moved.

The Peraltas live in a building run by the Department of Housing Preservation and Development (HPD) in the midst of a busy neighborhood; fast food franchises, a market and candy store, and dozens of sidewalk vendors spark a lively, commercial atmosphere. A public school and a residential drug treatment program are prominent in the local landscape. Housing projects and rehabilitated residential buildings are nearby.

Their own building, however, resembles a disaster zone. The public areas are full of rubble. Windows are broken and the floors often soiled and sticky or damaged. The doors to the lobby and vestibule are gone, and the mailboxes are ripped out. To receive mail, the Peraltas must go to the local post office six blocks away; if they don't collect it within five days of delivery, it's returned to the sender. The family has waited for more than two months for a telephone to be installed, and none of the pay phones within a six-block radius work.

There is widespread evidence of drugs. Police have raided apartments adjacent to the Peraltas on suspicion of drug-dealing, and several units have been sealed and padlocked. Soon after moving in, the Peraltas found a dead body in front of their door. Nevertheless, they report that "things have gotten calmer" since then.

FAMILY DYNAMICS

Pedro Peralta, the 35-year-old father of the three youngest children, is a stern-looking man with a deeply lined face. His legs are withered and braced, the result of childhood polio, and he walks with difficulty, using two canes. Their fourth-floor walk-up apartment is an ordeal for him.

Mr. Peralta's schooling was spotty, since for the first 12 years of his

* All names have been changed.

13

life he lived in an invalid hospital in Puerto Rico where education was an unaffordable luxury. A man of quicksilver temperament, he speaks a rapid, peppered Spanish and limited English, but cannot read or write in either language. As a teenager, he was jailed on four occasions for drug dealing, and is still sometimes bested in his continuing struggle against heroin addiction. Somewhere in his institutional odyssey, he learned to cook and has worked as a mechanic, but he has been out of work since the superintendent job fell through. At home, he helps with the child care and cleaning and does most of the cooking. His disability and a history of drug abuse diminish his job prospects.

Carmen Peralta, 25, is a thin, sad-looking woman with curly hair; a chipped front tooth interrupts a shy smile. She appears frail and tentative. She moves slowly, speaks softly, and languidly juggles the endless demands of her four bright and active children—José, 7, the son of her first husband; and Christina, 5, Juan, 3, and Juanita, 1.

The family receives $285 every two weeks from welfare and $259 a month in food stamps. A small grocery store downstairs runs a credit line for them. The welfare center is nearby, and the worker assigned to them speaks Spanish.

Aside from a clutter of toys and a clutch of knick-knacks, few personal touches enliven the apartment. An eat-in kitchen is dominated by an old and unreliable stove and a single, small cabinet. Furnishings are sparse, limited to beds, a single dresser, and a few shabby chairs and couches. None of the windows works properly, a large leak regularly spurts water from the kitchen ceiling, and rats enter the kitchen through holes around the pipes.

To ensure that rent is paid first, the Peraltas elected to go on the direct vendor payment system, so their rent is paid directly by the City's Human Resources Administration to Housing Preservation and Development. But since the City is both their landlord and the source of payment for the landlord, this arrangement complicates their situation when grievances need to be pressed, and they cannot choose to withhold their rent as a strategy for getting necessary repairs. There is little movement in the building for a tenants' organization. As Mr. Peralta puts it, "Some are illegally doubled up and would be afraid of exposure. Others are involved in drugs."

José, the oldest child, is without question the leader of his younger siblings. He is handsome and has tested as gifted. He speaks fluent English. Although mature for his seven years, he has been wetting his bed since the family moved, and this is a source of distress to both him and his parents. He begs to return to Puerto Rico and live with his maternal grandmother.

Christina, 5, is animated and tends to gesture and touch other people aggressively. Like her father, she has a volatile temperament. At

The Peraltas spent two years in the City's shelter system, shuffled from Brooklyn to Queens to Manhattan.

Neighborhood friends.
Photo: Ronald Roberts, Grade 6,
P.S. 85

times she is overtly affectionate and wants to cuddle; on other occasions, she cries suddenly and is upset and sullen. She speaks only a few words of English and spends most of her time running around, alternately crying, screaming, laughing, and playing with her brothers. She wears tattered clothes and often looks unkempt.

Juan, the mischievous three-year-old, is also more wild and physical than verbal. He is affectionate and often runs to be cuddled by his mother or father. Juanita, the baby, is just learning to walk unassisted. She feeds herself with a bottle, babbles engagingly, and plays with her siblings, who handle her like a toy.

The Peraltas have many relatives, but they are widely scattered and give limited support. Most of Mrs. Peralta's family is in Puerto Rico. She has lost contact with friends she made in the welfare hotels, but has met several neighbors in her new building. Mr. Peralta has 16 siblings, some of whom live in New York. One brother has taken a keen interest in the family, bringing food and toys for the kids. Another is a veteran of the City's shelter system himself and lives in an HPD building.

THE INTERVENTION

The Puerto Rican Family Institute assigned Rosa to be their case manager for the six-week pilot project. Two top priorities were a telephone and some apartment repairs. Additional needs identified by Mrs. Peralta were to get Mr. Peralta enrolled in the Social Security disability insurance program (SSI); to obtain day care for the children, so that she could resume her studies and eventually get a job as a receptionist; and to get José into a gifted class at school. Both Peraltas wanted to move to Manhattan in the short term and save money to buy a house in Puerto Rico in the future.

Rosa added other, more clinical goals: to deal with Mr. Peralta's drug problem, which he was reluctant to discuss candidly; to help Mrs. Peralta follow through with appointments and plans in order to take better charge of her life; and to improve the parenting skills of both Peraltas.

Enrolling Mr. Peralta in SSI would add $150 to the family's income every two weeks. Rejected at some point in the past, he simply didn't understand the procedure for appeal. There appeared to be no real question about his eligibility, but he needed to go to the local Social Security office and bring a medical certification of disability and a translator. (A sign in the office says, "Please bring your own interpreter or you will have to wait.")

Initially Rosa found this family difficult to engage. There appeared to be some misunderstanding about the limited time of the intervention, and Rosa was frustrated by the Peraltas' lack of follow-through. Since they had no phone and spoke little English, she made appointments for them, but was not sure that they would show up. Mrs. Peralta always had a reason, but Rosa was hopeful that she would become more motivated. The Peraltas had more than their share of frustrated encounters with the system—meetings where the correct official didn't show up, or where they waited for two hours just to be given another form to fill out. It was difficult for them to follow what was going on in these circumstances.

The Peraltas called Rosa "opinionated." When shopping for household items, Rosa's eye for bargains won out over Carmen Peralta's personal taste. Mrs. Peralta later explained her passivity in this case: "Well, since I thought this was something the Institute was giving us, I assumed we have to accept what Rosa picks out."

Much of Rosa's six-week intervention was spent establishing new links to local services for the Peraltas. It took a week, for example, to locate a clinic and set up appointments for check-ups for the kids and a disability certification for Mr. Peralta. And then none of them liked the choice: Rosa because she perceived real deficiencies in the quality of service; Mrs. Peralta because she couldn't communicate with non-Spanish speaking doctors. So the search began anew.

"Rosa found out what we needed to do and she spoke to us. She took us places."

"We didn't go through two years in the shelter, walking around the streets looking for an apartment, just to find one and then lose it like this because of an oversight by welfare."

Wholly unexpected problems arose from the welfare bureaucracy. The Peraltas were using direct vendor payment to handle their rent, but the arrangements were never properly put into effect, and they only found out about it when they got a notice saying they owed $500 in back rent. The problem was eventually straightened out, but it's the kind of issue that can derail a course of action that had taken weeks to put into motion.

During the six-week intervention period, some progress was made. Mrs. Peralta was enrolled in a vocational school, preliminary steps were taken to ensure that three of the children would be in day care. Mr. Peralta had obtained the documentation for his SSI reapplication and was scheduled to present it at the local office. A faulty light in the bathroom was repaired (though the broken windows weren't). The children had a Spanish-speaking pediatrician in Manhattan, and both parents were receiving assistance with parenting skills. José was registered in a gifted class in a nearby public school and stopped wetting his bed, explaining that he didn't want to ruin new sheets.

For the family, Rosa's hands-on approach was valuable. "She found out what we needed to do and she spoke to us," said Mrs. Peralta. "She took us places." With Mr. Peralta's disability and lack of reading and writing skills, it's hard to imagine him negotiating the geographic and bureaucratic obstacles to recertification without help. Rosa's assistance in securing day care and clinics for the kids also enabled Mrs. Peralta to make realistic plans for continuing her education and raising her earning potential.

Perhaps most basic was Rosa's translation service. Mrs. Peralta's salute to Rosa probably refers to the environment as well as the language of official relief: "It was really important that she go with me to places, because I couldn't understand anything if I went alone." (In preparation for her formal English classes, Carmen Peralta is now reading her son's comic books.)

Rosa felt a threshold was crossed when Mrs. Peralta discussed her husband's drug problem, although no definite plans for treatment were made. In general, Rosa saw a more assured, less depressed and demoralized family. As Mr. Peralta said before the mix-up over the rent had been straightened out, "We didn't go through two years in the shelter, walking around the streets looking for an apartment, just to find one and then lose it like this because of an oversight by welfare. We are the ones who have to pay—not so much us, but the kids. The kids suffered a lot in those years in the shelter."

THE JOHNSON FAMILY

Losing his job as an auto mechanic in 1986 left George Johnson, his wife Annie, and their four children struggling to survive. With mounting debts accumulated over several months, they were forced out of their home and became squatters in an abandoned, badly deteriorated building in Harlem. They managed to fix what they could and often went without electricity or running water for days at a time. Eventually they were evicted. Taking with them only what they could carry, the Johnsons resumed their torturous odyssey. They moved into a tiny room with Mrs. Johnson's mother, then to the Martinique Hotel for four months before finding a temporary residence at the Urban Family Center run by Henry Street Settlement. A year later, the Johnsons finally moved to a home of their own, and two case managers from Henry Street worked with them after the move.

The Johnsons became squatters in an abandoned, badly deteriorated building in Harlem.

A subsidy from the City made it possible for the Johnsons to live in a spacious, private, two-family house in Queens. The Tudor-style duplex has a small backyard and a garage. The houses in the neighborhood are well maintained, some with flower beds and tended lawns. Traffic hums steadily on the nearby Van Wyck Expressway.

Inside the house, a small vestibule opens into a large, sparsely furnished, carpeted living room, which leads to a dining room and a fully equipped kitchen. The Johnsons' teenage son Michael has his own room in the basement. The rest of the family share three bedrooms and a newly renovated bathroom on the second floor. A welfare grant enabled the Johnsons to purchase dining room furniture, a couch, and linens; a local organization donated additional furniture.

Each month, the Johnsons narrowly manage to meet their rent and utility costs. The family receives $736 in monthly entitlements, supplemented by a small income from summer and part-time jobs held by various family members. The family's utility bills can reach as high as $262 a month. Half of the Johnsons' rent is paid to the landlord through a direct vendor payment program; the remainder is paid by a federal rent assistance program.

FAMILY DYNAMICS

Annie Johnson is a feisty, 35-year-old African-American woman with an irreverent sense of humor and a gift for gab. Her husband, George, is a large, deliberate, and often eloquent 33-year-old. In conversation, the two deliver an impressive duet, rarely stepping on each other's lines as they relate colorful stories about their experiences.

Adjusting to the new neighborhood has meant a new school for the Johnsons' youngest son Daryl, 11, who is enrolled in a special education program at nearby P.S. 140. Michael, 17, returned to Flushing High School where he was held back a year. Eighteen-year-old Laura, who is

seven months pregnant, attends the Manhattan Learning Center, an alternative high school. Her younger sister Mary, 14, is enrolled in a special education program at Ridgewood Adolescent Center.

INTERVENTION

Shortly after moving into their new home, the Johnsons began working with Jeanette and Roberta, two case managers from Henry Street. Initially they set out to correct problems the family was having with welfare and their landlord over the rent payments. The landlord was not being paid in full at the beginning of each month as he required, since welfare's rental allotments were distributed on a bimonthly basis. Making matters worse, the family's welfare worker had lost their records. After a six-week struggle, the case managers got the Johnson records restored and trained the welfare worker in the correct procedures for direct vendor payment.

The family had other critical problems which the case managers were able to address. They took some of the pressure off the family's budget by locating a local food pantry and enrolling them in HEAP, a heat and electricity subsidy program. Jeanette and Roberta helped the family find health services and obtain prenatal care for Laura. They purchased some additional furniture with special project funds, and enrolled the children in recreational programs. Both Mr. and Mrs. Johnson expressed interest in job training programs, and Mr. Johnson wanted to involve the family in a support group to cope with feelings about having been homeless.

The case managers supplied the Johnsons with maps and lists of local resources to better orient them to their new community. Throughout the intervention, they stressed self-advocacy and crisis prevention in order to strengthen the family's ability to manage on their own, especially in navigating the welfare bureaucracy.

Like many public assistance recipients, the Johnsons were often stymied by the system. As one case manager explained to them: "You need to ask *why*, not just hear them say no. If your worker's not there, go to your worker's supervisor, and up several levels from there." Despite many instances in which the case managers modeled informed and assertive behavior, the lessons seemed only partially absorbed. When asked what they would do if confronted with welfare snarls in the future, Mrs. Johnson responded, "I'd go right back to Jeanette or Roberta. I'm not going to call the welfare office myself, because they keep you on the phone too long."

By the end of the intervention, the Johnsons had located stores with good bargains for shopping and a nearby Family Resources Center for counseling. Daryl had a camp referral and was hoping to join the local Big Brothers organization. The utility assistance for light and gas was in

The Johnsons were often stymied by the system. As one case manager explained to them: "You need to ask *why*, not just hear them say no. If your worker's not there, go to your worker's supervisor."

place; welfare benefits were secure; and their relationship with their landlord had improved. Mrs. Johnson was attending basic education classes to improve her reading skills; her husband had a part-time job with a nearby limousine service.

There were, however, indications that the family was losing its energy and sense of purpose. Mrs. Johnson seemed stressed and short-tempered. Michael was still without work, and Mary had lost her summer job. Laura was missing more work as her pregnancy progressed, and Daryl's hope of getting out of the City for the summer fell through.

Despite finding stores and services and meeting new neighbors, the Johnsons are not yet acclimated to their new community. They complain that their case managers didn't orient them well to the area and feel they needed more than help with self-advocacy.

Because they had tried on their own to negotiate the direct vendor arrangement for their rent, the Johnsons still believe that something other than determination or self-assertion is needed to cope with the welfare system. Mr. Johnson explained his view of how the City worked: "If you were *somebody* and called them yourself, they'd have to respond. But if you are just some client, that's a different story." Mrs. Johnson continued, "The only way your rights will be enforced is if you have some supervisor or some sort of representative call and speak on your behalf. Then you'll get recognized. You got some people there who care, and if it isn't for the clients they don't have a job. I don't know how they could treat people so cruel."

As the intervention ended, the Johnsons seemed to lack the initiative that helped them get out of the shelters. When a job referral fell through, Michael was not inclined to look any further. Although the additional furniture they expected to be donated was long overdue, they had not inquired about it. Neither parent had much sense of whether their job prospects would pan out, and no one seemed to be planning for the birth of Laura's child.

"If you were *somebody* and called [the welfare offices] yourself, they'd have to respond. But if you are just some client, that's a different story."

THE MONTENEGRO FAMILY

Before fire destroyed their home in 1980, Louisa and Arturo Montenegro lived in the Bronx with six of their seven children. Their youngest child was killed in the blaze, and they lost all their possessions. Following the fire, the children were placed in foster care, Mr. Montenegro moved into his brother's grocery store, and Mrs. Montenegro lived with her godmother. A year later, they obtained another apartment in the Bronx where the reunited family lived for seven years. Then their landlady convinced a housing court judge that she needed the apartment for her personal use, and in 1988, they were given two weeks to move. By 1989, when the Citizens Advice Bureau, an advocacy and social service agency in the Bronx, entered their lives, they were settled once again, but Mrs. Montenegro had died of cancer.

The Montenegros were lucky in that they had a place to go after their second displacement. For nine months they lived in a transitional apartment obtained by Synergia, a private agency in Manhattan that works with disabled and homeless Hispanics. Because three of the children have special needs, they were given priority and moved into a five-room, fifth-floor apartment in the South Bronx in April 1989. The six-story building, owned and renovated by HPD, is one of a few remaining residential buildings in the midst of warehouses, truck depots, and prostitution strips. But the Montenegro apartment overlooks a community garden abutting a new playground, and there are small grocery stores and some large, pre-war apartment buildings nearby.

City planners consider the Montenegros' building a pivotal component in a transitional neighborhood on its way back to safe habitability. For the past five years, a number of government agencies and local social service groups such as the Citizens Advice Bureau have been pumping resources into the area.

The building is clean and apparently safe, though there are complaints of "crackheads." Tenants are friendly and seem to know one another. The intercom system works, and the lobby door locks, although the elevator is frequently out of service. (Rumor has it that the superintendent dabbles in witchcraft and doesn't like young people, a suspicion that makes tenants leery of annoying her with their complaints.)

FAMILY DYNAMICS

Daughter Judy, 18 years old, is the head of the family. She explains that her father began drinking heavily after the fire and that her mother's death "freaked him out." David, 17, is autistic, partially deaf, and has motor spasms. Wanda, 21, and Angela, 16, are "developmentally slow," requiring special education. Rico, 20, and Jesus, 14, round out the family.

The furnishings in their new home are functional rather than decorative, and include a living room set, a television, and a CB radio; they also have an ornamental clock, assorted beds, dressers, a standing fan, and some curtains. The sparsely equipped kitchen has only enough dishes for two people to eat at one time. There aren't enough bedrooms to go around: David sleeps in the living room; Mr. Montenegro, on a mattress in a large closet.

Judy manages the household budget, pays the bills, negotiates with the landlord and social worker, and delivers her siblings to countless appointments with welfare, Social Security (SSI), medical clinics, and schools. The largest portion of the family income is derived from SSI disability allotments to Angela and David, who each receive monthly checks of $391. The family receives a welfare check for $111 twice a month for Mr. Montenegro, Judy, and Jesus.

Expenses currently include a monthly payment of $150 for the mother's gravestone; rent of $349, and rising utility and telephone bills. Food and cleaning supplies invariably run out before the end of the month. For a time following Mrs. Montenegro's death, the family continued to cash her monthly SSI checks. "I knew I wasn't supposed to cash the check," Judy recalls, "but I needed it for the moving and the burial and, you know, for food and things like that." SSI is now recouping the sum, about $1300, in monthly installments.

Mr. Montenegro, a portly 57-year-old native of Cuba, still seems to be reeling from his wife's death. He maintains a limited routine, going out daily to sell trinkets, balloons, and small toys near the subway station. A former factory worker, he stopped working after a hernia was aggravated when he was stabbed in the stomach during a mugging.

Judy, physically fit and with short bleached blonde hair, does all the cooking and shopping, and manages a steady flow of laundry with a second-hand washing machine. David's school arranged for a daily home attendant to help with his food preparation and other domestic chores. Although both David and Angela are almost completely nonverbal, Judy is able to communicate with them.

An endearing boy, David rocks and coos to himself. He gets Judy to place a portable stereo on the floor so he can listen with his good ear next to the speaker. He feeds himself with a large spoon. He wears restraining arm braces to keep from hurting himself, and disposable diapers that leak. The plastic slipcovers promised by his doctors to protect the living room furniture from his incontinence have not arrived. Open windows are a special hazard, since David cannot judge heights; serious injury was narrowly avoided once when he tried to go through an ungated window onto the fire escape. At a recent hearing requested by Synergia and the school district, it was recommended that he be institutionalized.

Although Angela's comprehension is limited, she shares a common

Inset photo: Manuel Soriano, Grade 6, P.S. 85

hobby with Judy—talking on the CB radio. She adorns her bedroom with a collection of teddy bears and the gymnastics medals she earned in the Special Olympics. She is devoted to Judy, mimicking her every move. Judy's CB handle is "Goldilocks"; Angela's "The Quiet Storm."

Developmentally slow, Wanda has been known to pilfer her siblings' belongings; she used to hit her mother; and she has engaged in sex in front of Angela, a practice that especially enrages Judy. Now, to the family's growing consternation, Wanda sleeps around, vanishing and then showing up with a new boyfriend. She's had two abortions in the past six months.

Rico, who was living with relatives in Puerto Rico, returned when his mother died and is now the family's principal wage earner, contributing $57 a month to the rent and about $50 a week for expenses. He works nights as a home attendant, and a Synergia social worker recently obtained a second job for him. He is an affable young man who helps Judy with the household chores and gets on well with her.

Jesus, the youngest, is feisty and unruly and the bane of Judy's and Rico's existence. Always active, he gets into fights and recently decided to take up what they call "kickboxing," because, as Rico explains, "he likes to get his ass kicked around." Branded by HPD as a troublemaker, Jesus seems slated to make his family's life more difficult than it already is. Judy was recently summoned by HPD to discuss his increasingly destructive behavior.

The Montenegros have few relatives on whom to rely, other than telephone contact with family in Puerto Rico and Florida. An aunt in New Jersey has not been a resource for the family.

The sparsely equipped kitchen has only enough dishes for two people to eat at one time.

THE INTERVENTION

In the summer of 1989, the Citizens Advice Bureau assigned Maria to work with the Montenegros. She had once lived in their building, was formerly homeless herself, and knew her way around the neighborhood. She had been a tenant organizer and was a firm believer in direct action when warranted.

Because the turmoil was constant, Maria's home visits were timely occasions for assistance, advice, and comfort. Just about every time she visited the family, she encountered another crisis: a row between Wanda and her father; Rico hospitalized after he was stabbed in a street fight; Judy's distress over Jesus's rebellion and lack of respect for her; and Judy's frustration at trying to find time for her own needs in the swell of family responsibilities.

Maria's offer of help was broad. "She told me," Judy recalls, "that she would be able to help, you know, [with] anything with the building, anything that I need with the house, anything that I need with medical...anything that I need with my family." Judy, with Maria's help,

reduced her immediate goals to five areas: (1) securing window gates, especially over the fire escape; (2) getting the superintendent to repair a wall David had destroyed; (3) moving to an apartment on a lower floor as soon as possible; (4) having a telephone installed; (5) obtaining Medicaid benefits for Angela and David.

Judy, at 18, is the head of the family. She is their advocate with welfare, SSI, HPD, hospitals, police, attorneys, and other service providers.

Given the range and severity of family members' disabilities, placing this family in a fifth-floor apartment in a building with an unreliable elevator takes on the character of a cruel joke. David's stiff braces and pigeon-toed gait make it difficult for him to negotiate the stairs at all. And both Judy and her father suffer from debilitating asthma.

Told by HPD that an immediate move was unlikely, Maria set about remedying other glaring deficiencies. After months of delay, a telephone was installed when Maria informed the phone company that the family had potential medical emergencies. Maria used special project funds to replace the couch that David's incontinence had ruined. Although some window gates on the fire escape were found to be illegal, they installed stoppers on the other windows to keep them from opening widely. Windows still need to be reweighted and legal fire escape gates obtained. The damaged wall remains unrepaired, but Judy has given up expecting the superintendent to fix these things.

Observing the burden placed on Judy by David's need for near-constant attention, Maria encouraged her to ask for additional home attendant service for another five hours a night, which they got. Maria also documented the need for increased welfare and SSI benefits, an effort that yielded substantial gains after several months.

The family was socially isolated; they seemed to have few friends in their new neighborhood, so Maria's visits were social events. She tried to help them come to grips with the death of their mother. She would sit with David and watch a video he cherished of his mother. Even Mr. Montenegro opened up to her. "The father didn't talk to me much until after I had been coming for awhile," Maria says. "Finally, one night he sat down and talked about his family and how he had been an alcoholic after the death of his child when their home burned down. His alcoholism got worse over the years, and after his wife died, it was very bad. He stopped drinking when the family moved to the new apartment because he realized that they needed to pull together."

Judy is very competent and independent, asking for little in the way of help with concrete problems. She is the advocate for the family with welfare, SSI, HPD, hospitals, police, attorneys representing David's rights, and other service providers. She had no qualms about calling the building manager and his supervisor to discuss Jesus's problems, and took the initiative to find out why the new phone wasn't working. She got new orthopedic shoes for Angela and improved arm braces for David. She averted a potential problem with welfare benefits when she responded

promptly to a mail inquiry. And without any outside prodding, she has pursued her own educational plans by obtaining an application for a high school equivalency course to enable her to go to Bronx Community College.

Judy rarely initiated contact or sought help from Maria. Perhaps because Maria had lived in the building and knew so many people there, Judy's perception of her was more as a neighbor. Maria's role proved to be less in "modeling" appropriate behavior than in being a peer, whose genuine concern, warmth, and availability amounted to the unselfish friend that Judy otherwise lacked. (Judy's boyfriend, Junior, had recently left.) Reflecting on the six-week intervention, Judy underscores the opportunities she had to speak with Maria regularly, but regrets that they never really got to know each other well. She believes that if Maria hadn't been there, "I wouldn't have had a phone and the windows wouldn't have been done."

When it became clear that moving to a more convenient apartment wasn't a possibility, Judy appeared to be increasingly daunted by the sheer energy it took to meet the problems in the family, the apartment, the building, and the neighborhood. She understood that Jesus's discipline problems had systemic roots. Bored kids, she points out, get into trouble, and if more organized activities were available, kids would have something to do besides "hang out." She also realizes the importance of tenant organizing and building patrols, but she sees little support for such measures in her present circumstances. By the end of the six-week intervention, her single goal was to move: "That's what I want, definitely, a transfer."

When it became clear that moving to a more convenient apartment wasn't a possibility, Judy appeared to be increasingly daunted by the sheer energy it took to meet their problems.

A rainy afternoon in the Bronx. Photo: Jesse Reaves, Grade 6, P.S. 85

THE ROMERO FAMILY

Fifty-year-old Sonia Romero is the mother of nine children. The last time she lived with most of her family was in 1983. Since then, she has shuttled between New York and Puerto Rico, living with relatives and friends, or when there was nowhere else to turn, in welfare hotels. Mrs. Romero returned to Puerto Rico in 1988 and had lived there for several months when she learned that her severely disabled granddaughter, Carolyn, hospitalized since infancy, was about to be placed in foster care. Though she had no home to return to, she came back to New York City to take responsibility for the two-and-a-half-year-old child. The hospital refused to relinquish the toddler to her care, however, until she found a home. At her wit's end, she turned to the City for help. Mrs. Romero, along with her youngest son Roberto, 15, and three-and-a-half-year-old granddaughter, Teresa, were sent to a shelter. After three months, they were transferred to Henry Street Settlement's Urban Family Center, where a social worker helped Mrs. Romero locate a permanent apartment. Finally, in May 1989, with the help of two Henry Street case managers, she was able to bring her granddaughter home.

The Romeros' new two-bedroom apartment is in a New York City Housing Authority building in lower Chelsea, Manhattan. The complex is well cared for with neat landscaping, three working elevators, and round-the-clock security provided by the Housing Authority police. The building is a stone's throw from 14th Street, one of Manhattan's busiest shopping meccas. Bargain hunters from around the City flock to the bustling emporium between Union Square and 8th Avenue in search of discount clothing, toys, and every imaginable electronic gizmo. West of Fifth Avenue, the street has a distinctive African-American and Latino flavor. Stretches of storefronts are punctuated by restaurants and grocery stores specializing in Spanish and Caribbean foods and condiments.

The Romero apartment is spotless. Mrs. Romero loves to cook, and her kitchen is equipped with numerous appliances, neatly stacked dishes, and containers of flour, sugar, coffee, and rice. Lush, healthy plants cover the window sills. A small breakfast table is set off by a carved wooden coffee set, a gift from a cousin in Puerto Rico. A finch chirps in its bamboo cage atop the refrigerator.

Mrs. Romero was able to furnish her new home with the help of a $545 check from welfare and the generosity of friends and relatives. A television, a playpen, two plush chairs and a sofa fill the living room, which is decorated with several velvet wall hangings, mirrored graphics, and ceramic figurines. Mrs. Romero and the girls share a bedroom; Roberto has a room of his own. Both rooms are furnished with modest bedroom sets. A menagerie of stuffed animals hangs above Carolyn's crib.

Great care has been taken to child-proof this 25th floor dwelling.

Regulation window gates are in place, and plastic slipcovers protect the living room furniture. Low surfaces have been cleared of small objects.

The family's monthly income totals $449 plus $172 in food stamps. Their rent and utility expenses are $200 a month.

FAMILY DYNAMICS

At first glance, Sonia Romero seems younger than her years, but a few moments of study reveal the lines of fatigue on her face. The wear of homelessness and struggle to care for her ailing granddaughter have taken their toll. She walks sluggishly due to arthritis and can no longer travel more than a short distance on foot.

Despite her physical limitations, Mrs. Romero returns each month to her old neighborhood in Brooklyn to do her grocery shopping. She's comfortable there and believes that even with a $30 taxi fare, her money and food stamps have more buying power.

Quiet, handsome, and dressed to the teen-aged nines, 15-year-old Roberto is a high school student in lower Manhattan. The family's transience and the care that his two young nieces demand have pressed Roberto to spend more time at home. As a result, his attendance has been erratic, and he will probably have to repeat his freshman year. Somewhat of a loner, Roberto rarely ventures out of the house since being mugged recently at a nearby subway station. He spends most of his time sleeping and watching television. While Mrs. Romero is very proud of her son, she is worried that he may be depressed and has talked about securing counseling for him.

At 3, granddaughter Teresa is quite a handful. She is an active, adorable toddler, although her verbal skills are weak. Abandoned by her mother, and separated from a twin sister, Teresa has been raised by Mrs. Romero since infancy. During a critical developmental period that requires a secure and trustworthy environment, Teresa's family has been homeless and she has lived in six different places.

Since leaving the hospital, Carolyn is thriving in many ways, although her health remains precarious. Born with severe congenital defects, she has lost the use of a lung and kidney and her mobility is critically impaired. Fed intravenously until she was two, Carolyn has only recently begun to take food. Mrs. Romero is proud that she is able to care for her granddaughter. "I love this child with pain," she says.

Several of Mrs. Romero's older children live in New York and provide an important base of support. She is closest to her 30-year-old son Andrew, and his wife, Wilma, who live in Brooklyn. Andrew works as a security guard on Wall Street and frequently comes over for meals, usually bringing bread or milk. Wilma babysits for the girls when Mrs. Romero makes her shopping trips to Brooklyn. Another son, 28-year-old Leon, was recently released from prison and sometimes stays with her.

Though she had no home to return to, 50-year-old Sonia Romero came back to New York City to take responsibility for her severely disabled granddaughter.

Joseph, 27, lives alone in a furnished room in Brooklyn. Blanca, little Teresa's mother, lives in Puerto Rico with her new husband and his children. Carolyn's mother, Marie, "lives on the street" and rarely visits or shows any interest in her daughter.

The Romero apartment is spotless. Mrs. Romero loves to cook, and her kitchen is equipped with appliances and neatly stacked dishes.

THE INTERVENTION

Henry Street Settlement was instrumental in getting the Romeros out of the shelter system. Once Mrs. Romero, Roberto, and Teresa moved into their Chelsea apartment, Henry Street assigned two caseworkers, Silvia and Lorraine, to help them adjust to their new community and the responsibilities of living independently. The case managers and Mrs. Romero set up some clear objectives for the intervention that began with getting Carolyn released from the hospital. In order to gain custody, Mrs. Romero needed to secure special support services and arrange for temporary homemakers. Mrs. Romero also needed to purchase a crib, a playpen, and other essentials before bringing her granddaughter home. The case managers tried to enroll Teresa in day care to relieve some of the pressure on Mrs. Romero. However, she eventually decided to keep Teresa at home, saying family members would help care for her.

The family was managing financially, but a $1,000 debt in back rent owed to the Housing Authority since 1983 threatened that stability. After difficult negotiations with welfare officials and the Housing Authority, the debt was finally cleared. The hospital had lost or misplaced Carolyn's medical records which delayed her Social Security (SSI) entitlement. Carolyn had received a new Medicaid number when she was released from the hospital, but no one had given it to Mrs. Romero, who was trying to use the old number. The scenario was further complicated by the fact that Mrs. Romero speaks no English; she confuses the words Medicare and Medicaid, a mistake that could set off a bureaucratic nightmare. Fortunately, with the case managers' help, she reactivated her granddaughter's file and obtained the SSI entitlement.

Transportation to and from the hospital for Carolyn's ongoing medical care was a burdensome expense for Mrs. Romero. The case managers were able to transfer Carolyn's case to St. Vincent's Hospital, just ten blocks away from the Romeros' home. Mrs. Romero was pleased with the new arrangement and the quality of care her granddaughter received.

During the intervention, case managers report, Mrs. Romero was helped to "realize her strength through the problem-solving process." Mrs. Romero says that although she had little personal interaction with Silvia and Lorraine, they did accomplish a great deal. Given her personal support network, Mrs. Romero did not need a peer as much as she needed competent advocacy, which she got throughout the intervention.

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2. THE COLLECTIVE EXPERIENCE

Close observation of the stories of the families participating in the pilot confirms our premise that finding housing for some homeless families is but the first step toward ensuring that they achieve stability. Families bring to their new dwellings a host of financial, environmental, bureaucratic, and personal challenges. From their first day of residence, they encounter new conditions to contend with. Facilitating their connection with those who can provide basic necessities (education, child care, health care, income supports) is vital to a successful transition.

Despite evidence of perseverance and strength under harsh conditions, these nine families* present a sobering picture. Persistent poverty, limited education, and uprootedness burden their lives. Illness, congenital disorders, environmentally induced traumas, and addictions both reflect and produce stress. Early and/or unplanned childbearing places heavy demands on slender resources.

Buildings and neighborhoods beleaguered by hazardous deterioration, drug-related violence, and community disorganization work against stability, aspiration, and cohesion. Language barriers and unfamiliarity with the system lead to loss of faith in the City's ability or desire to help. Bureaucratic impenetrability and the City's fiscal crisis further complicate the picture.

Although the families surveyed were few in number and diverse in circumstance, their experiences reflect three orders of complexity that need to be addressed: the labyrinth of interlocking service systems, the resettlement process itself, and the dynamics of families' personal circumstances.

THE SOCIAL SERVICE CONUNDRUM

Each of the nine families experienced problems in obtaining the benefits and services to which they were entitled. Although all poor families (hampered often by language barriers, lack of child care, and so on) must negotiate a maze of agencies, the families we studied encountered obstacles complicated by their transient circumstances. Each time they moved, for example, they risked having their case files summarily closed by the income maintenance office, instead of simply being transferred to the office serving their new neighborhood. Benefits for transferring clients were recalculated by the new office and were sometimes erroneously reduced. Loss of income, of course, jeopardized the families' stability.

Several families were enrolled in a "direct vendor" rent payment plan. Since the Human Resources Administration pays the rent directly to the Department of Housing Preservation and Development under the plan, bypassing the tenant altogether, the City is both the landlord and

* For summaries of the Herald, Miranda, Nuñez, Solano and Rivera families, see the Appendix.

the source of income to pay the landlord. In theory, this method is an attempt to streamline payments and avert eviction; in practice, it can lead to nightmares. Through various personnel and computer snafus, HRA payments were sometimes not credited. As a result, families were issued eviction notices, and since the system does not extend routine notification of payment, the families had no way of knowing what their status was. However disturbing an eviction notice is for a settled family, the trauma is magnified for families who have recently escaped homelessness.

Furniture was another systemic problem that especially worked against the fragile transitional process for formerly homeless families. Calculated by room, welfare furniture allowances range from $182 for a living room to $6 for a bathroom, clearly insufficient for purchasing well-made, sturdy pieces. Sofas acquired by several families soon had protruding springs and stuffing; chairs had broken legs. While any family would be disappointed if its new furniture arrived in disrepair, the effect is even more troubling for a family that has gone without its own furnishings for months or even years.

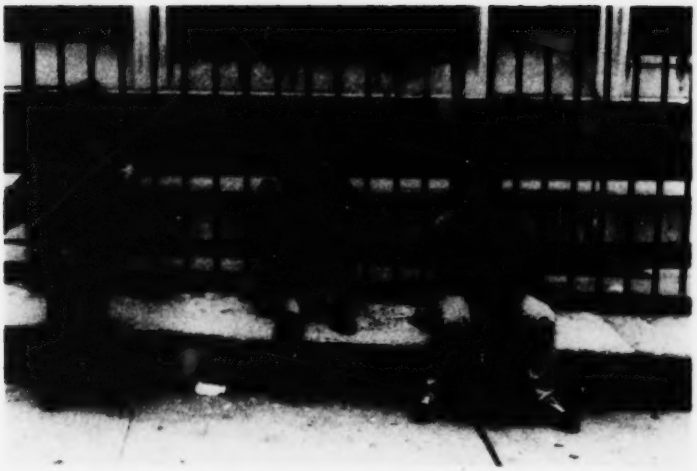
Perhaps most unsettling were reports by some of the families of ineffective City social services staff. In some instances, they had encountered knowledgeable and caring welfare workers over the years, but all too often the families dealt with overwhelmed City workers who were overworked, uninformed about benefits and regulations, and who seemed indifferent to the families' feelings, needs, or convenience. Abrupt postponement or cancellation of appointments was a problem that occurred frequently. Some families pointed out that the service agencies were not helpful in emergency situations, which suggests that procedures are neither flexible enough nor geared to the special conditions of formerly homeless families or families in crisis. These and other problems led to repeated complaints that the families were treated like second-class citizens.

However disturbing an eviction notice is for a settled family, the trauma is magnified for families who have recently escaped homelessness.

RESETTLEMENT

Various housing programs exist for homeless families in New York City, but the quality of apartments varies widely. To date, it is generally the most vulnerable families who find themselves in the worst dwellings, partly because of formal and informal biases in the tenant selection process, and partly because these families are seldom informed that they don't have to take the first apartment offered by the City.

As the Montenegro, Peralta, and Solano case studies illustrate, a number of the families moved into neighborhoods riddled with poverty, fear, and violence. Drug trafficking is commonplace: for example, a superintendent was arrested for dealing crack in one building, apartments



were sealed off by police to move the drug trade off the premises in another building, and a dead body was discovered in front of a family's apartment door in a third. The greater part of the permanent housing stock for formerly homeless families is located in the poorest areas of New York City. Health, education, and child care facilities, if available at all, are overcrowded. Economic development has flagged badly, and job opportunities are scarce. Sanitation and police and fire protection are minimal.

Although four of the families we observed secured good housing in which to make a new start, the rest live in homes that range from barely adequate to virtually uninhabitable. Many buildings have structural deficiencies, heating problems, serious leaks, and badly deteriorated common areas. Mail delivery has been suspended in some buildings due to wholesale destruction of mailboxes. Often there is an inexcusable incongruence between the family's needs and the apartment assigned: walk-ups for the Peraltas and the Montenegros, for example, although both families have members with motor disabilities. No timely mechanism exists to relocate families again or to address new needs that arise from these serious housing problems.

FAMILY PROBLEMS AND STRENGTHS

Many problems and stresses which both cause and result from homelessness are well known by now. But poverty and illness, traumatic by themselves, can lead to weakening of familial authority, cohesion, and control in formerly homeless families. In a few of the families in the study, the informal support of friends and extended family had fallen away. Drug and alcohol abuse continue to plague some of these families, as does the threat of domestic abuse, leaving women at risk with few options for sanctuary.

"Hanging out" after school. Photo: Mark Galarza, Grade 6, P.S. 85

On the other hand, every one of the nine families we met showed

tenacity and perseverance in their attempt to make their new homes work. Far from suffering passively, they actively strived to stay together, support each other, and shape their lives positively. Judy Montenegro, though still a teenager, completely manages her family's lives, including personal care of her developmentally disabled siblings. Sonia Romero, now 50, returned from Puerto Rico and entered and endured the shelter system to get an apartment, all of this so she could claim a disabled and abandoned granddaughter who would otherwise have gone into foster care. These and similar acts of determination show people who overcome a Sisyphean round of adversity in their attempt to make the rules and practices of City service agencies work to their benefit.

Coping strengths and spirit also show up in little things: Mrs. Peralta's traveling from the Bronx to Harlem for a pediatrician, for example, because of her ties in the Manhattan neighborhood; Mr. Montenegro's return to peddling after he was mugged; and Mrs. Miranda's ingenuity and industriousness in decorating her new home. Members of some of these families travel throughout the City to visit friends, attend self-help groups, or shop in favorite grocery stores. Although some of this activity reflects hardships in forging ties to their new communities, it also signals the resourcefulness and resilience in developing and sustaining support networks—a crucial factor in stabilizing a home of one's own.

Some of what we learned from these case studies was old news: for instance that service systems are overburdened and inflexible. We gained insight, though, into precisely how those conditions affect the lives of families in transition and how the system might be restructured and reformed. We have learned that settlement is arduous and risky, but we have also seen families and communities capable of sustained efforts to make the transition work. Our challenge now is to translate these lessons into practical, sensitive policies that advance rather than discourage efforts to create that physical and psychological place called "home."

Every one of the families showed tenacity and perseverance in their attempt to make their new homes work.

Two friends head home.
Photo: Jesse Reaves, Grade 6, P.S. 85

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3. FINDINGS AND RECOMMENDATIONS

The special concern of the Edna McConnell Clark Foundation is with those formerly homeless families at risk of becoming homeless again—those who have a pronounced need for services and who have suffered a pronounced neglect in obtaining them. For them, permanent housing is a crucial element in achieving self-sufficiency, but it is only the first step. Without adequate support services, simply providing new apartments neither guarantees a family's stability nor prevents future homelessness. There are many bureaucratic and organizational goals to be addressed, of course, but our ongoing research and the study of the nine families presented here suggest four specific recommendations for services to help resettled families remain housed and become stable and permanent members of their communities.

We believe that these families, for whom a return to homelessness would entail great personal, social, and fiscal costs, can be strengthened by an intensive case management method based on the one tried with the nine families. Ideally, of course, support services should be available to all families exiting the shelter system to orient them to the community, for example, or enroll their children in school. But specialized intensive case management programs are important for those families at significantly greater risk of disruption and future homelessness. This subset of families includes those who have severe health problems, are headed by teenage mothers, have children in foster care, or those who have never lived on their own.

The case management model we are advocating is designed as a strictly time-limited intervention focused on the transition period following a move, a time when families are unfamiliar with their new surroundings and their lives are in a state of flux. Recognizing that the dialogue on the issue will continue, we have focused our study and recommendations on four specific areas: refining the intensive case management model; training the casework staff to apply the model; correcting adverse features of the multiple service agencies that impinge on the lives of formerly homeless families; and improving the planning and coordination of these multiple services.

We do *not* want government to develop a complicated and/or permanent service bureaucracy tailored to the needs of formerly homeless families. Resettled families should be helped to shed their special-status label as quickly as possible and to become integrated simply as "neighborhood residents" who can sustain themselves with existing community resources. Nor are we advancing this model as a comprehensive answer to the plight of formerly homeless families in general, let alone as a solution to the complex problems of the poor neighborhoods into which they are moving. It goes without saying that no reforms will be fully effective until society addresses the impact of

Inset photo: Manuel Soriano, Grade 6, P.S. 85

pervasive poverty on these families and on their communities. This means schools responsive to the needs of disadvantaged and homeless children, available child care, adequate medical services, job opportunities, and better police protection.

Significantly, the intensive case management model shows promise of being cost-effective, a bonus in days of tight budgets. In New York City, the model for a three-month intervention will cost approximately $4,500 per family. Compare this figure to the $18,000 required to pay for a family's average stay of six months in congregate and transitional shelters. Further, many of these families have children who have been placed in foster care because of homelessness and who could thus be reunited when permanent housing is obtained and transitional assistance provided. Thus, additional cost savings would be realized by preventing unnecessary or continued foster care, an average of $13,500 a year for each child in New York State.

The intensive case management model shows promise of being cost-effective, a bonus in days of tight budgets.

INTENSIVE CASE MANAGEMENT

Recommendation: Vulnerable formerly homeless families should have available to them intensive case management services, which are time-limited, in-home, family-based, accessible, skills-oriented, and premised on low worker caseloads: (1) Services should be made available to a well-defined subset of all resettled families, that is, to those at greater risk of renewed homelessness. (2) The case management service should be only long enough to accommodate exceptional problems inherent in the transition, and the workers' caseloads should be small. (3) Intensive case management should be a community-based service. (4) A special contingency fund should be at the disposal of case managers and families in order to meet certain emergency financial needs. (5) Caseworkers should link families to standard social services and to community supports that will sustain them after the intervention comes to an end.

(1) In constructing any social services model, it is essential to define the specific population to be served. In a time of tightening budget constraints, application of the intensive case management model must be confined to those families at heightened risk of renewed homelessness.

Our inquiry indicates that a more formal risk-assessment method is needed to identify the vulnerable families most in need of case management services. As a first step, this means enhancing the capacity of referring agencies to gather the right information: What is a family's history with respect to housing instability, for example? What welfare problems have they had? What other sources of familial disruption are present, such as medical and emotional problems and disabilities, foster care, teen parenthood, or domestic abuse? At present, very few potential

referral sources have the capacity to get this kind of information; and without it, referrals to case management are liable to be both random and ineffective. (As a follow-up to its finding that over 30 percent of families requesting emergency shelter had previously been homeless, the Graduate School of Public Service of New York University has been commissioned by the Foundation to identify the specific factors that place *housed* families at increased risk of becoming homeless again. This report will be available in the fall of 1990.)

Persistently high caseloads are antithetical to good practice, especially when the families making up that caseload face repeated crises.

(2) Persistently high caseloads are antithetical to good practice, especially when the families making up that caseload face repeated crises. Yet it is not unusual for workers in the current system to try to deal with more than 40 families at a time, most of them for upwards of a year. Such caseloads obviously make it impractical for workers to become actively engaged in any one case, and many cases receive little or no regular attention.

Under the intensive case management model, workers carry a caseload of about four families, thus allowing time for intensive involvement with each of them. ("Intensive" traditionally meant "long-term," as in the treatment of the chronically mentally ill. Here, intensity is registered in terms of frequency of contact and family accessibility to the caseworker.)

In the pilot study, both caseworkers and families agreed that keeping the service time-limited was essential to helping families gain a solid footing as soon as possible. There are a number of reasons we advocate a short-term intervention. Our aim is not to offer a solution to every possible problem from unemployment to drug abuse—a continuum of services is required to address the multiplicity of families' needs—but to reduce the risk of repeat homelessness and help families stabilize in their new communities. The transition to permanent housing is a time of crisis but also a new beginning and a chance for families to learn skills that will enhance independent functioning. The time limitation makes it clear to both families and case managers that definite goals have to be set and an agenda for action established. Priority setting is in and of itself a valuable tool for getting organized and helping families take charge. And an implicit message is communicated to the family: we can't take care of every foreseeable obstacle, but together we can get enough issues sorted out that you will be better able to manage your own life.

In addition, because caseloads are very low, workers spend between 10 and 15 hours a week with a family, giving them intensive attention and assistance. In a traditional social service setting, that many hours of service would be spread over many, many months of weekly appointments. And the target families are those often labeled "hard-to-reach" by other providers: families who probably would not avail themselves of less accessible, office-based services.

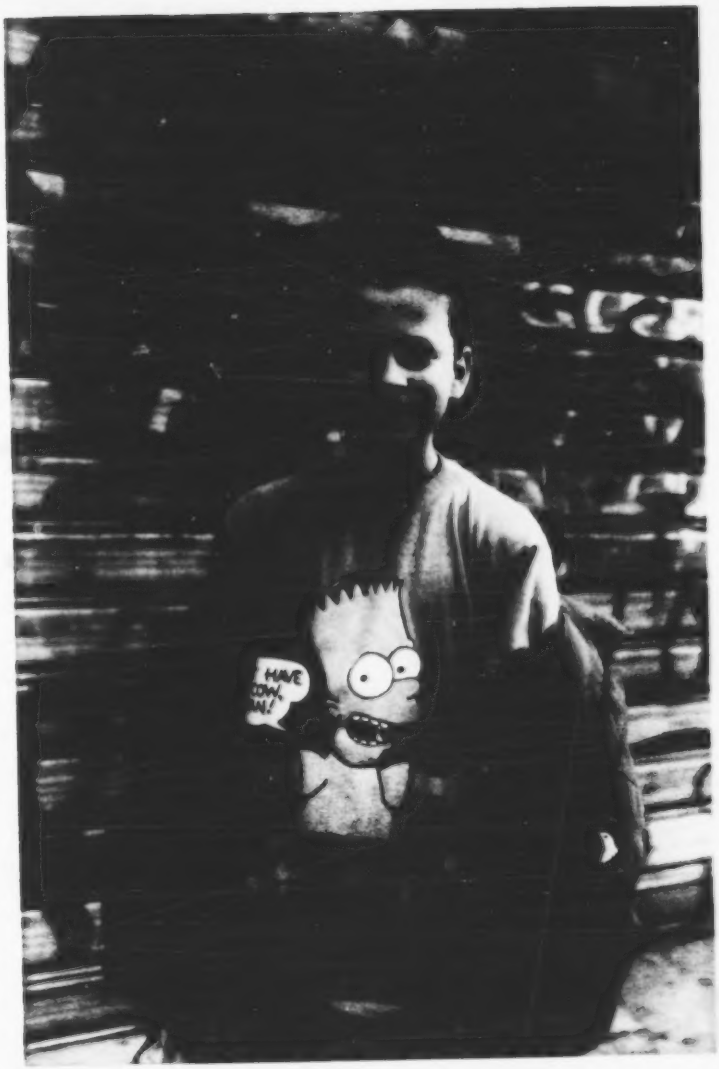
Originally we thought the normal span of intervention should be about six weeks per family, the time allotted for each of the nine families. We found, however, that this underestimated the complexity and duration of the entitlement and service problems confronting the families, as well as the time it takes to move the City's bureaucracy. Even the seemingly simple task of reopening an inappropriately closed welfare case—which by itself can bring a family to the brink of renewed homelessness—can consume a caseworker's time for the first few weeks, leaving little opportunity to address less tangible problems such as family dynamics and communications. Mrs. Nuñez, for example, regrets that the caseworker did not help her "manage her children better." Thus, in evaluating the experiences with these nine families and reviewing other agency approaches, we have arrived at a more realistic definition of short-term: *up to three months*.

(3) We also considered whether the intensive case management service should be delivered by the shelter agencies themselves, as an extension of their after-care component, or by more multi-purpose community agencies. Shelter-based providers have the advantage of knowing the population and its needs; moreover, they are often the *only* agencies currently available to conduct case management. However, since the families' best interest lies in eventually gaining independence from the shelter system, a community-based organization is a more promising base for service delivery. Community organizations are better acquainted with local resources that could help resettling families. A shelter worker based in Brooklyn simply could not compete with an on-the-scene organization in helping a family relocating to the South Bronx. The challenge lies in encouraging these community organizations to take a stronger interest in case management, in cultivating their expertise in the transitional needs of formerly homeless families, and in securing the needed resources to enable them to take on this charge.

(4) The agency delivering the intensive case management service must have in its budget flexible contingency funds with which to address the families' immediate needs. One family in our pilot project, for instance, simply required an alarm clock to enable the mother to get her child off to day care punctually. Another family needed to purchase decent school clothes for the children. Small enough matters in themselves, cumulatively they can have a substantial impact on a family's sense of progress toward a more normal, settled life.

(5) Both caseworkers and families agreed on the need for a sound follow-up strategy once the intensive professional attention is completed, recognizing that even an excellent short-term service does not necessarily supplant the need for ongoing supports. Caseworkers assist families not only to secure basic entitlements, but also to connect with local resources, such as religious institutions, education programs, recreational activities,

The challenge lies in encouraging community organizations to take a stronger interest in case management, in cultivating their expertise in the transitional needs of formerly homeless families.



and block associations. In addition, each agency should provide ancillary services that offer long-term assistance and build on informal supports (as opposed to professional staff) through self-help groups, volunteer mentors, and tenant organizations. Although these are the logical sources to which new families in any neighborhood turn, formerly homeless families often require extra encouragement to join in, and it is an integral part of intensive case management to play a strongly activist role in promoting this sort of integration. (A more sensible policy, of course, would be to give homeless families the option of going back to the communities from which they originally came, an idea that has unfortunately gotten lost in the massive scale of the rehousing effort.)

The latest rage in T-shirts.
Inset photo: Manuel Soriano,
Grade 6, P.S. 85

TRAINING CASEWORK STAFF

Recommendation: Training resources must be developed and made available to the caseworkers who implement the intensive case management model. This training should be shaped to the specific operations and features of the intensive case management service, but parts of it should also be made applicable to the practice of after-care providers in general, especially staff of the Office of Family Services in the City's Human Resources Administration.

Besides identifying the service needs of resettled families, our pilot program was instrumental in pointing up the training needs of caseworkers. While the workers who carried out the pilot are to be commended for their willingness to participate in the experiment, their performance indicates three main training requirements. First, workers must learn to teach problem-solving skills that empower families to help themselves. A case management worker who does everything for the family rather than teaching self-maintenance skills is doing the family no favor, since a family's social services needs will not magically vanish when the worker leaves the scene. For example, one of the families we studied had an entitlement problem that was solved; when asked what they would do if the same problem came up again, they said they would simply call in the worker. Without adequate training, workers tend to fall back on the time-honored practice of "doing for" families, rather than doing *with* them, a routine that can only reinforce the families' sense of powerlessness.

A case manager who does everything for the family rather than teaching self-maintenance skills is doing the family no favor.

Caseworkers need to be taught to emphasize cooperative goal-setting with families, an especially important point since this service model is premised on the belief that families are in the best position to identify their own needs. Some of the case studies revealed a pronounced communication failure between workers and families, the two parties often having quite different ideas about what the problems and appropriate goals were. Training should therefore teach workers specific techniques of negotiating and elaborating a common agenda with families.

Workers must also become more knowledgeable about locally available resources and services. Some workers, for instance, were unaware that families are entitled to publicly funded child care during the initial phase of resettlement. Extensive knowledge of the continuum of services is a central tenet of case management.

We realize that asking both City and private agency workers to expand their traditional role as service-brokers to include the functions of teacher, coach, and advocate is asking a lot. But with comprehensive training, ample administrative support, and smaller caseloads, many workers should welcome the opportunity to enhance their practice.

REFORMING SERVICE SYSTEMS

Recommendation: All service systems that impinge on the lives of formerly homeless families should promote the successful transition of these families to permanent housing, and they should work cooperatively to do so.

The needs of formerly homeless families cut across the range of health, education, welfare, employment, and children's services.

Instituting what amounts to a new order of social service "business"—attending to the needs of formerly homeless families—requires a close and critical look at traditional bureaucratic boundaries and functions. The needs of the families do not confine themselves neatly to one or two "systems," but cut across the range of health, education, welfare, employment, and children's services. Thus, the institutional framework must be structured for maximum coordination and flexibility. The nine families profiled here have shown us the importance of identifying and revising *intra-* and *inter*agency policies that hamper service delivery or inadvertently undermine the resettlement process.

For example, several families in our pilot program faced an abrupt termination or reduction of their income maintenance payments. When a family leaves the shelter system for a new home, the move usually involves a switch from one income maintenance center to another. A smooth transfer of the case is essential to help the family get a good start in independent living, but too often the case is either inexplicably closed or the level of benefits is recalculated and changed. HRA should ensure that the family's file, including their new address, reaches the appropriate center as soon as possible. The new center should then immediately review the family's level of public assistance and food stamps, for example, and make known any indicated changes in budgeting due to such factors as new rent obligations, subtraction of apartment search grants, and restaurant allowances.

On an *inter*agency level, the direct-vendor rent payment arrangement between HRA and HPD has led to perilous situations. The payment mechanism is sometimes faulty, and recipients have become involved in landlord disputes, even receiving eviction notices. The direct vendor program should ensure that families are kept informed when payments on their apartments are made (or not made), so that they can resolve any rent disputes before being subjected to eviction proceedings. Specifically, tenants should receive a routine accounting from HRA, indicating payments made, checks cashed, and by whom. HRA should also establish a liaison with HPD and the City Housing Authority to ensure prompt rent payments and problem resolution.

On a larger level, public agencies involved with formerly homeless families must develop the capacity to respond quickly and effectively to needs identified by case managers, agencies, and families. Each of the

nine families we worked with had stories replete with bureaucratic entanglements. While an innovative model of service delivery can assist them in unraveling many systemic obstacles, it is simplistic to think that on its own a social service offered by community-based agencies can revise procedures, change policies, and reorder priorities. An ombudsperson and/or interagency committee should be appointed both to resolve issues on a case-by-case basis and to tackle more widespread coordination problems. Moreover, that person or committee should have the power and authority required to remove obstructions to service delivery and institute positive policies to address the needs of formerly homeless families. To enact systemic change of that order requires substantial political will.

PLANNING AND COORDINATION

Recommendation: The City should take the initiative to form a joint public/private planning group with the specific charge of advising the City on expanding and coordinating community services for formerly homeless families.

Any city that seeks to move and house thousands of homeless families is under a special obligation to ensure that the receiving communities have sufficient services to meet the burden (at a minimum, the appropriate level of health, child care, and educational resources). Located in San Francisco, HomeBase is an excellent example of a regional support center that designs strategies for government, nonprofit organizations, and private enterprise to work together to address the crisis of homelessness. HomeBase conducts research on policy and program issues; offers technical assistance to social service agencies and policymakers; publishes reports and information to educate the public about the problems and solutions to homelessness; and coordinates efforts to provide emergency shelter, housing, and services.

In New York City, such a planning group should focus on those communities receiving the largest share of formerly homeless families. It should determine whether current levels of service can accommodate the influx of new families while at the same time sustaining assistance to long-term residents. Since service levels are likely to be found *in*adequate, it is all the more imperative that planners not only seek to develop resources but establish thoughtful priorities about *which* resources must be supplied first—whether it is health care, children's services, job creation, or job training. Along with the substantial data already gathered through local needs assessment, feedback from the intensive case managers can be an invaluable source of information for establishing new policy priorities. This planning body should also promote private-sector interest in the economic development of the "host" communities.

A public/private planning group should focus on those communities receiving the largest share of formerly homeless families.

The Clark Foundation's case management pilot project has yielded valuable insights into the pressing needs of formerly homeless families during their crucial first months in permanent housing. The families have many personal struggles and challenges to overcome, and their ability to succeed is jeopardized by the context in which they live—the paucity of resources in the neighborhoods in which they are housed and the labyrinthine social service systems they depend on to survive. The majority of the City's homeless families are being relocated in Central Harlem and the South Bronx, areas that are severely stretched to meet the needs of established residents. Each of these communities, however, has vital and active neighborhoods with organizations that may be suitable anchors for enhanced services.

This study has enabled us to refine a specific model of services and advance recommendations for better policies, planning, and resources surrounding their resettlement. In the process, it has intensified our original conviction that while the campaign for housing must continue unabated, we must look beyond housing to identify and develop the support services that many formerly homeless families require to attain stability in their lives.

Although the families, neighborhoods, and systems involved in this inquiry are located in New York City, they have characteristics in common with those in other large cities. The findings and recommendations presented here should be of interest in Chicago, San Francisco, Boston, Washington, D.C., and other urban areas with substantial numbers of homeless families.

The obligation to provide supportive services to resettling families is not only ethical, but sensible. Any city that commits a great amount of money to develop new housing and then fails to secure the health of the community where the housing is placed or fails to help the families that settle there, will suffer a poor return on its investment. Even more serious, the long-term societal costs of fueling further cycles of homelessness are incalculable. Our responsibility to use all available means of helping these families toward permanence has never been greater.

NOT
BASE
NIKE

APPENDIX*

THE HERALD FAMILY

Barbara Herald, 27, and her two-year-old daughter, Lisa, recently moved to a three-room HPD apartment in the Bronx. Her windows overlook a wasteland of refuse and railroad tracks; trains thunder by several times an hour. Barbara has a hard time believing this is home.

Raised by her sisters, Barbara lived with family members in Crown Heights, Brooklyn until 1984. She stayed with her brother in East New York for several months before moving back to her old neighborhood to live with her boyfriend. She soon became pregnant. Despite a sometimes violent relationship, Barbara maintained a fragile equilibrium, sharing expenses and working at housekeeping jobs.

When the battering became unbearable, she sought help from a social worker who referred her to the Urban Family Center (UFC) of Henry Street Settlement in lower Manhattan. With her young daughter, Barbara lived at the Center for several months and received support from both professional social workers and peers.

In April 1989, she qualified for permanent housing and moved to the South Bronx. The adjustment to an unfamiliar, frightening neighborhood was hard, and Barbara continued to shop in Brooklyn and attend self-help group meetings at UFC. She managed on a rental payment of $250, and a welfare entitlement of $94 and $107 in food stamps every other week.

To assist her transition to a new community, UFC staff referred Barbara to the intensive case management pilot project. Case managers helped her obtain medical care and low-cost utility service, enroll in a nutrition program, and register Lisa for day care. With flexible project funds, Barbara purchased an alarm clock, a radio, and window shades to enhance her few furnishings. Pregnant with her second child, Barbara seemed more motivated by the end of the intervention and had enrolled in a community college.

THE MIRANDA FAMILY

In 1987, Carlos and Susanna Miranda and their two children moved to New York from Puerto Rico, seeking medical help for their six-year-old son, Paco, who had a serious urinary problem. They initially stayed with Mr. Miranda's brother in the Bronx, but family disputes made it necessary for them to move. Welfare referred them to a barracks-style shelter so dirty and unsafe that Mr. Miranda insisted on leaving immediately. They were then sent to the Prince George Hotel in Manhattan, where they survived in one small room for the next 14 months.

From the hotel, the Mirandas moved to a two-bedroom apartment

* Names have been changed.

Inset photo: Rebecca Velez, Grade 6, P.S. 85

in a noisy, dangerous section of the South Bronx. Drug traffic is brisk in their building, despite Mr. Miranda's pleas for HPD to intervene. Apart from the lack of hot water in the kitchen and a broken toilet, their apartment is otherwise in good condition.

Carlos took out a loan to attend an electronics training institute, and Susanna has done wonders sewing and thriftily decorating their new home with the $750 furniture allowance welfare provided. They manage with $212 in food stamps and $163 in welfare benefits every two weeks; covering utilities costs is more difficult. The unexpected arrival of three adolescent children from Mr. Miranda's first marriage stretched the Mirandas' meager resources beyond the limit.

During the six-week intervention that began shortly after they moved into their new apartment, the case manager tried to address the family's immediate needs for additional public assistance, furniture, a larger apartment, and school enrollment for the three teens. The case manager acted as a translator for Mrs. Miranda during various appointments, helped obtain free clothing and purchase some new household items with special project funds. Unfortunately, the case manager was unable to get immediate additional funds or a larger apartment for the family. Several months later, the Mirandas moved to New Jersey, to stay with relatives and begin anew the process of getting the help and shelter they require.

THE NUÑEZ FAMILY

In June 1989, Mrs. Nuñez, her husband and three of her four children moved to an apartment in Bushwick, Brooklyn. They had spent the previous four years in transit, moving between Puerto Rico and New York, living with family members, on the streets, and in welfare hotels. For two years they lived in a cramped room in the drug-infested Prince George Hotel in Manhattan, until a social worker helped them obtain permanent housing. Soon after their move to Brooklyn, the Puerto Rican Family Institute (PRFI) offered to enlist them in the pilot program for resettled families.

The family received a $928 allowance from the City to furnish their new apartment, but their monthly $400 welfare entitlement and food stamps were cut off due to a computer error. The case manager intervened to restore the family's lost benefits.

The Nuñez apartment needed some major repairs on windows, walls, and plumbing; the backyard was a sea of debris and vermin-breeding garbage. After the caseworker threatened the landlord with revocation of the building's Section 8 status, he began work on a number of repairs.

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Despite her success in other areas, the case worker was unable to address the family's health and behavioral problems. Mrs. Nuñez has a weak heart. Her husband, who smokes and drinks heavily, suffers from pulmonary problems. Mrs. Nuñez' daughter has asthma and her teenage sons are substance abusers. Her youngest son is on probation while the older boy has been terrorizing his parents with violence and angry outbursts.

THE SOLANO FAMILY

When HPD emptied one of its East Harlem buildings for gut renovations, one family refused to be relocated to a smaller apartment or shelter. Eventually locked out of the building, Naomi Solano and her family became homeless and filed suit against HPD. The family split up and lived with friends and family members for five months, until winning the suit and the right to move into a new three-bedroom apartment.

Mrs. Solano, her two sons Pedro, 13, and Miguel, 10, and her previously estranged husband agreed to move into a temporary apartment in the South Bronx until a more suitable home could be found. The apartment is in a notoriously dangerous South Bronx building owned by HPD. The building's hallways are cluttered with drug dealers; the front door was destroyed during a recent Tactical Narcotics Team raid.

The Solanos receive $200 a month from welfare, $126 in food stamps, and a rent subsidy of $312. Their apartment is sparsely furnished, creating a sense that the family is camping out rather than really living there.

The Solanos receive social services through the Citizens Advice Bureau, which assigned them to the pilot program for recently relocated families. The case manager helped them obtain a $500 furniture allowance and tried to expedite their move to a permanent home. Severe domestic violence forced Mrs. Solano to seek an Order of Protection and file criminal charges against her husband, who by then had moved out.

Conditions in the building continued to deteriorate. Several weeks into the intervention, Citizens Advice Bureau received a threat from drug dealers who warned them not to reenter the building. As a result, home-based services for the family ended abruptly. The case manager was unsuccessful in her efforts to maintain contact with Mrs. Solano, since she had no telephone and did not come into the agency's office for additional assistance.

THE RIVERA FAMILY

Maria Rivera, 30, juggles the demands of four children, ages 3 to 11, and a new husband who is disabled and a former drug abuser. Two of her children have asthma. Five-year-old Joseph is severely asthmatic and has been hospitalized 13 times in the course of his short life.

Since returning to New York from Puerto Rico in 1986 to seek better medical care for Joseph, the family has been homeless twice. They lost their first apartment in a fire and spent the following year in a welfare hotel. In 1989, they moved to a newly renovated HPD apartment in the South Bronx and received help with their transition from the Citizens Advice Bureau.

Among the first residents in the building, the Riveras had to endure a summer without telephone or mail service. A tenants association was almost immediately abandoned after members learned that drug abusers had been allowed to move into the building. Nonetheless, the Riveras were enthusiastic about their new home and only needed furniture, telephone service, and special medical equipment for their children's asthma to feel settled.

Two months after the move, the Riveras were still without phone service or medical equipment. On her own, however, Mrs. Rivera obtained $926 from welfare to buy furniture. The family lived on $464 from welfare plus $268 in food stamps. With rent of $349, little was left over for other necessities. The case manager used special project funds to purchase a table and chairs and utensils for the family. She also helped expedite the remaining rehabilitation on the apartment and building and began to address several unexpected crises involving the family's welfare benefits. The case manager urged Mrs. Rivera to learn about her rights to further public assistance benefits and helped her apply for SSI for her husband and Joseph.